MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/806935 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2		/		
4	/		/			
5	/		/			
6		2		/		
7		2		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
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50						
TOTAL IND.	3		4			
TOTAL DEP.	14		10			
TOTAL CLAIMS	17		14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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